2015-10-19-0M-00028454

FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

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(Revised 06/2012)

2015 Optifice Libe Outy NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. The Communitation it is exit Prestient Meisisinna i ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS (Check if address P.Meisisirinia 2011 6 Chr. + maiil 1-161614 is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) FEC IDENTIFICATION NUMBER ▶ IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

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Dage.	2

			1 (101)200 022000,
i.			DMMITTEE
	Candi	date	Committee:
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name o Candida		Piertiern Masisiina
	Candida Party A		n REP Office State Senate President District
	(c)	Ū	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name o Candida		
	Party	Com	mittee:
	(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
	Politic	al A	ction Committee (PAC):
	(e)	\mathbf{O}	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
ť			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint F	Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Comr	nittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number
		3.	FEC ID number
		4.	FEC ID number
			• • • • • • • • • • • • • • • • • • •

1		
FEC Form 1 (Revised		Page 3
Write or Type Committee Nam	ne .	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leade	rehin BAC Sponsor
o. Hame of Any Connected		iship FAC Sponsor
	<u> </u>	11111
Mailing Address		
		1
		-
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor
riciationship.	ou organization in primitated committees in country distributions in the contraction of t	eadership i Ao aponsor
Custodian of Records: Idea	entify by name, address (phone number optional) and position of the person in p	ossession of committee
Full Name Pet	eiri Miessiinai illiilliillii	
Mailing Address	114011, Lake, Lucierne, Way	
	Switter 3011	
	Brainidian FIL 331	51/1/-
Title or Position	CITY STATE	ZIP CODE
Cws Hadiian	Telephone number [81]3]-[6891-15409
. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
Full Name of Treasurer Pett	erri Meisisii mai i i i i i i i i i i i i i i i i i	
Mailing Address	114011 Lake Lukerme May	
	Switte Boll	
	Brandon C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	51/1/-
Title or Position	CITY STATE	ZIP CODE
Tirieasurier	Telephone number $\lfloor 8 \rfloor / \lfloor 3 \rfloor - \lfloor 2 \rfloor$	618191-151410191

FEC Form 1 (Revised 02/2009)		Page 4	
Full Name of Designated Agent	Joseph Meisisiinai IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Mailing Addres	2100 Butterfly Lane		
·	Hermitage 11 11 PA 1	2IP CODE	
Title or Positio		J- <u>[981]-[970</u> 3]	
	ner Depositories: List all banks or other depositories in which the committee deposits funds boxes or maintains funds.	s, holds accounts, rents	
Name of Bank	c, Depository, etc.		
	Collingboos Brank 1+ Trivisite 1/ 15 yinor	rus Bank I	
Mailing Addres	ss [P101 B101 X1 1 1 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Gollombus 13	1902	
	CITY STATE	ZIP CODE	
Name of Bank	c, Depository, etc.		
	Reginans Bankss Pa Bax 11/1007		
Mailing Addres	ss PaBaxillaa7		
,			
•	Birminghan 1	357881-	
	CITY STATE	ZIP CODE	



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(3/2015)	DATE PREPARED			